



American Optometric Association

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FACTS ABOUT OPTOMETRY AND OPTOMETRIC SERVICES IN HOSPITALS

Today's Doctors of Optometry

Optometrists' education and scope of responsibility have changed dramatically over the last 20 years. Doctors of optometry are independent primary health care providers who are trained and state licensed to examine, diagnose, treat and manage diseases and disorders of the visual system, the eye and associated structures as well as diagnose related systemic conditions.

While serving the primary eye care needs of the American public, today's doctors of optometry recognize that responsible, quality care must involve the patient's total health. Doctors of optometry work closely with other health professionals by consulting with family practitioners, pediatricians, neurologists, ophthalmologists, dermatologists, and others when treatment is required outside the scope of their practice. This consultation process is two-way, and as the health care delivery system continues to change, this interprofessional consultation and concurrent care will become more important.

The profession of optometry is constantly evolving to meet the needs of patients, to progress with technological advancements, and to match the great strides made in the education of optometrists. With this as a basis, optometrists have become increasingly involved in practicing in hospitals as the scope of eye and vision care services optometrists can provide becomes broader. These services include not only optometric specialty areas such as contact lenses, low vision, and vision rehabilitation, but also pre and postoperative eye care, emergency eye care services, and the use of pharmaceuticals in the diagnosis of treatment of eye disease.

Accessibility and Cost effectiveness

Doctors of optometry practice in more than 7,000 communities in the U.S. In more than 4,300 communities, optometrists are the only primary eye care providers. They provide 70 percent of primary eye and vision care services in this country and far outnumber any other eye care practitioners.

Doctors of optometry are concerned with providing quality care in cost-effective ways, helping to make that care more accessible. While the cost of optometric care has risen, the increases in recent years have been significantly lower than increases recorded for other areas of health care and the overall cost of living.

Optometric Education and Requirements for the Practice of Optometry

The licensure to practice optometry is controlled by individual State Boards of Optometry in every state and the District of Columbia. While requirements vary, the following are general factors for the education and licensure of optometrists:

- Completion of preprofessional undergraduate educational requirements at a college or university. The majority of students have completed four or more years of college education prior to admission to an optometry school.
- Satisfactory completion of the four year optometric professional degree program at one of the 19 schools or colleges of optometry accredited by the American Optometric Association's Council on Optometric Education, the accrediting body recognized by the U.S. Department of education for optometric educational programs.
- Although not currently a requirement for licensure, a growing number of optometric graduates go on to specialized residency training programs prior to beginning practice. There are 39 residency programs across the country specifically in hospital-based optometry. There are another 48 residency programs (geriatrics, low vision, ocular disease, etc.) also based within hospitals.
- Optometrists are required to pass a national board examination administered by the National Board of Examiners in Optometry and/or individual State Boards of Optometry before beginning practice.

Continuing Education and Relicensure

Today's optometrists are concerned about delivering quality care based on current, up-to-date information about methods, materials, and technology in eye care. To ensure continued high quality optometric care, doctors of optometry keep abreast of new examination, diagnostic and treatment developments, and techniques resulting from ongoing optometric and ophthalmic research. All states require an average of more than 15 hours of continuing education each year for license renewal. Few other health care providers are involved in such comprehensive continuing education efforts. In many states additional hours are required for optometrists certified in the use of therapeutic pharmaceutical agents.

In recent years the scope of practice of optometry in the utilization of pharmaceutical agents has been expanded in every state. All 50 states and the District of Columbia have legislation authorizing doctors of optometry who have satisfactorily completed specific education courses and examinations to use pharmaceutical agents in the evaluation and diagnosis of conditions of the eye and visual system. In addition, as of August 1997, all 50 states have legislation authorizing doctors of optometry to use drugs to treat certain eye conditions. Requirements for certification and usage of pharmaceutical agents vary by state.

History of Optometry in Hospitals

Optometry has long history of involvement in the federal hospital system. Optometrists have trained in and staffed hospitals in the Department of Veterans Affairs, Indian Health Service, and those affiliated with all branches of the military. Although, optometry has been less active in the nongovernmental hospital system, there are optometrists in all 50 states who have hospital privileges, the majority of which are in nonfederal community hospitals. An increasing number of practicing optometrists have clinical privileges which allow them to perform eye care services in a hospital. The expanding scope of optometric practice, wide geographic distribution of optometrists, and forces of health care reform have made the services of optometrists attractive to hospitals.

Optometric Clinical Privileges in Hospitals

Many of the services that optometrists provide in their offices are oftentimes needed in the hospital. The scope of services an individual optometrist might provide in a hospital setting should be guided by the following factors:

- State statutory definition of optometry
- Education, training and clinical competence of the individual optometrist
- Credentialing procedures of the hospitals
- Special needs of the hospital

Areas where clinical privileges at a hospital will assist the optometrist in providing enhanced patient care may include:

1. The use of hospital laboratory and radiologic diagnostic facilities to enhance the ability to provide broader diagnostic services. For example:
 - Cultures for differential diagnosis
 - Fasting blood sugar for suspected diabetes
 - Orbital films, CT scans or MRI
 - Thyroid profile
2. The ability to serve as a consultant to other members of the medical staff regarding care of their hospitalized patients. For example:
 - Provide emergency room evaluation of eye injuries.
 - Provide evaluation of eye/vision effects of medical treatment (e.g., dilated retinal evaluation of patients with diabetes).
 - Provide evaluation of unexplained decreased visual acuity, increased intraocular pressure, and headaches (e.g., angle closure glaucoma).
3. The ability to provide eye and vision care services to the optometrists' own patients who are hospitalized. For example:
 - Provide continued care for patients under specific optometric treatment (e.g., glaucoma, anterior uveitis).
 - Evaluate new ocular symptoms (e.g., dry eye, flashes and floaters).

Optometric Involvement in Hospitals

Just as the responsibilities of physicians vary within the hospital, so does the role of optometrists. The range of optometrists' services may include, as needed, evaluations of inpatients, assisting the emergency room staff, provision of pre and postoperative care of ocular surgery cases, and low vision rehabilitative care among many others. The growing role of clinical protocols such as HEDIS 3.0 guidelines for the evaluation of diabetic patients for eye disease, may expand the need for eye care provision within the hospital setting.

Admissions and DRG's

Hospital admissions for eye-related problems are quite rare, regardless of provider type. Less than 0.4% of all hospital discharges have eye-related diagnostic related groups (DRGs). Given this, there are circumstances in which optometrists might need to admit patients. Most optometrists who currently have admitting privileges do so in conjunction with family physicians or internists. The DRG's under which optometrists might admit patients include eye-related DRGs 43-48. Optometrists involved in low vision rehabilitation could potentially admit patients under DRG 462. The traditional services of refraction, binocular vision evaluation, and spectacle and contact lens fitting are not covered under DRGs and admission for these problems is not appropriate. However, these services may need to be provided during the course of a patient's hospital stay for a non-related illness, or as an outpatient service.

Peer Review

Managed care entities throughout the country have recognized the value of optometrists as cost-effective providers of vision and eye care services. As optometric involvement with managed care has increased, so has optometric involvement in the peer review process. Optometrists have for many years been subject to the same records/billing audit procedures as other health care providers. The American Optometric Association, recognizing the importance of clinical care standards, has produced 13 clinical care guidelines which cover topics such as: Care of Patients with cataracts, Glaucoma, and diabetes Mellitus, among others. Copies of these clinical care guidelines may be obtained from the American Optometric Association.

Liability

Even though optometrists' responsibilities have dramatically increased over the last 20 years, the cost of malpractice insurance for optometrists has remained extremely low. Nationally, optometrists pay an average of approximately \$435 for one million dollars of coverage. By contrast, nonsurgical physicians pay approximately \$6,000 for one million dollars of coverage and ophthalmologists pay approximately \$7,500 for one million dollars of malpractice coverage. The malpractice insurance industry obviously considers optometrists an extremely good risk. In recent review of medicolegal resources, no cases were found where litigation against an optometrist has ever resulted in liability for a hospital.

Summary

Optometrists have a long history of involvement in the federal hospital system. Changes in the scope of optometric practice along with changes in the hospital industry have lead to increasing numbers of optometrists obtaining hospital privileges in their local communities. Optometrists afford the hospital the opportunity to obtain high quality accessible vision care to meet changing patient care needs.

Optometrists will continue to seek and provide an expanded role in patient care in hospital settings. The increased availability of optometric services will help to enhance the overall level of patient care and assist hospitals in carrying out their continuing mission of providing quality, cost-effective inpatient and outpatient services.

For additional information on optometric services in hospitals, please contact:

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